

## **INSTRUCTIONS FOR THE REQUEST FOR WAIVER OF EMPLOYMENT**

### **DISQUALIFICATION UNDER K.S.A. 39-970, K.S.A. 65-5117, & K.S.A. 39-2009**

Before completing this form please contact [KDADS.CRCSTAFF@KS.GOV](mailto:KDADS.CRCSTAFF@KS.GOV)

1. The form must be completed by the person disqualified by a criminal conviction.
2. All questions must be answered. If not, the application will be denied.
3. The form must be signed and dated. If not, the application will be denied.
4. The form may be sent by United States mail or by electronic mail at the following addresses:

[KDADS.CRCSTAFF@KS.GOV](mailto:KDADS.CRCSTAFF@KS.GOV)

OR

KDADS- HEALTH OCCUPATIONS CREDENTIALING (HOC)

503 S. KANSAS AVENUE

TOPEKA, KANSAS 66603

5. The applicant will receive a response by the delivery method selected on the form.
6. Questions regarding the form or the process may be sent to:

[KDADS.CRCSTAFF@KS.GOV](mailto:KDADS.CRCSTAFF@KS.GOV)